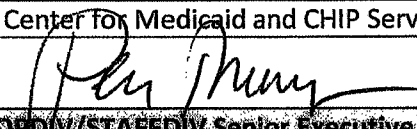
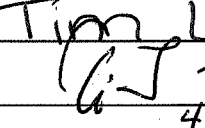


HHS Conference or Conference Grant Request and Approval

Operating/Staff Division Information	
Operating or Staff Division	Centers for Medicare & Medicaid Services
Office	Center for Medicaid and CHIP Services/IEAG/Division of Tribal Affairs
Conference Description	
Title/Topic	CMS ITU Outreach and Education Events
Purpose of Conference (Attach draft program agenda, if not available, check here: _____)	<p>This request is for the approval of 12 CMS sponsored outreach and education events in locations with significant American Indian and Alaska Native (AIAN) populations. This request includes one event at the Baltimore Central Office. The purpose of the events is to provide AI/AN beneficiary advocates, benefits coordinators, providers, beneficiaries, and tribal leaders with information about CMS programs including eligibility and benefits. The information will be provided by CMS staff, State Health Insurance Program (SHIP) staff, and State Medicaid staff. The goal of the events is to increase the number of AI/AN beneficiaries enrolled in Medicare, Medicaid, CHIP and the Health Insurance Marketplace and to maximize the revenue recovered by Indian Health Service, Tribal, and Urban Indian Clinic (ITU) providers and facilities.</p> <p>Other nonfederal travel is in support of the logistics contract as an "expense of the meeting" and is covered under 31 U.S.C. § 1345.</p>
Explanation of How the Conference Directly Supports the OPDIV/STAFFDIV Mission	The outreach events directly support the CMS mission by providing information on CMS programs, eligibility requirements, outreach strategies for increasing enrollment, ways to improve billing and collection, ways to minimize billing/collection errors, and providing answers to provider and beneficiary questions. These events are mission critical because they are designed to meet CMS' Strategic Plan goals to improve quality of care of beneficiaries, improve accuracy of claims processing, and foster teamwork between the agency and its stakeholders.
Justification for Conference Frequency (If scheduled regularly, explain the frequency of this conference and why the frequency is necessary. Include dates of the most recent prior conference as well as information on prior attendance size. If the size of the conference is increasing, justify why.)	<p>These Outreach and Education events will be held as part of Option Year 2 of a five year contract.</p> <p>There are numerous new provisions that are already in effect that have a significant impact on AI/AN communities. Training is critical on the Health Insurance Marketplace, Medicaid expansion, and complicated ACA Indian provisions (e.g., multiple definitions of Indian, exemption from shared responsibility payments, special enrollment periods and cost sharing reductions).</p> <p>Annual trainings are needed because of changing CMS rules and regulations and because ITUs have to rotate staff attendance at trainings to ensure coverage is provided at ITU facilities. Information about the new ACA provisions is a high priority of tribal leaders as indicated at the Secretary's Tribal Advisory Committee and the CMS Tribal Technical Advisory Group.</p>
Dates To Be Held	
From: 7/1/2014	To: 6/30/2015
Justify the Number of Days (Explain why the conference cannot be conducted in 1 to 2 days less than planned)	Each event is 2 days long to cover multiple CMS programs, SSA Disability, and VA eligibility.
Location	

Venue	National – 12 Events		
City	Various – see attached list		
State or Country			
Justification for Use of Non-Federal Space (Enter N/A if held in a Federal facility. If held in a facility that is not owned or controlled by the Government, explain the reason and basis for site selection)	Federal space will be utilized when available; if not available, then Tribal space will be utilized; and if no Tribal space available, then private sector space will be utilized. None of the trainings will be held in tribal casinos. In order to minimize conference costs, the ITU events will be held in the CMS Regional Office space whenever possible and for those regions that have tribes in close proximity of the Regional Office.		
Justification for why the conference could not be held via teleconference, video conference, etc. to reduce attendee travel.	These face-to-face trainings will be held in addition to webinars and conference calls.		
Audience			
Profession (Insert Description)	The primary audience will be beneficiary advocates, benefits coordinators, business office staff, patient registration staff, medical records staff, providers, beneficiaries, and tribal leaders.		
Total Number of Attendees (Provide Best Estimate)	1030 total/ 85 per event	Total Number of Attendees whose Travel Expenses will be paid by HHS	366 total/30 per event
# of Federal Attendees	534 total/45 per event	From above, # Federal Travelers	330 total/27 per event
# of Non-Federal Attendees	496 total/41 per event	From above, # of Non-Federal Travelers	36 total/3 per event
Justification for the total number of attendees	Federal attendees will be primarily from the Indian Health Service hospitals and clinics. Other federal attendees will be presenters.		
Primary Method Used to Support the Conference (Check One)			
Government Staff	<input type="checkbox"/>	Contractor/Planner Support	<input checked="" type="checkbox"/> Other (Describe below)
			Grant or Cooperative Agreement <input type="checkbox"/>
Cost Information			
Total Estimated Cost	\$386,640 total/ \$32,220 per event	Cost Per Attendee:	\$375
Details on Costs to be Funded by HHS (See Last Page for Explanation)			
Hosting Costs		Attendance Costs	
		If multiple OPDIVs/STAFFDIVs are participating in your conference, please include the total HHS costs below. You will be asked to break out costs by OPDIV/STAFFDIV in CTA.	
Contractor/Planner	\$ 176,040 total/ \$14,670 per event	Federal Attendee Travel	\$137,000 total/\$11,416 per event
Grant/Co-Ag	N/A	Non Federal Attendee Travel	\$ 39,600 total/\$3,300 per event
Meeting Space/Venue	\$34,000 total/ \$2,833 per event	Federal Attendee Exhibit Costs	N/A
Registration Website	N/A	Non Federal Attendee Exhibit Costs	N/A
Audio Visual	N/A	Federal Attendee Registration Fees	N/A
Speaker Fees	N/A	Non Federal Attendee Reg. Fees	N/A
Printing	N/A	Federal Attendee Other Costs	N/A
Promotional Materials	N/A	(Explain below)	
Training Materials	N/A	Non Federal Attendee Other Costs	N/A

Other	\$ total/per event	(Explain below)	
If charging Registration Fees to hold an HHS Conference, explain the nature of the fees, provide the estimated amount of fees to be collected/used), and site the authority used: N/A		Explanation of Other Costs for Federal/Non Federal Attendees: N/A	
Note: Most federal attendees will be within commuting distance to the training, therefore the federal travel is estimated at \$415/federal traveler.		Note: Non-federal attendees travel includes the travel costs for State and State Health Insurance Program (SHIP) presenters. These costs are covered under the logistics contract.	
Conference Sponsorship funded by another HHS OPDIV/STAFFDIV: <i>Sponsor – provides funding for expenses incurred by another OPDIV/STAFFDIV for planning and conducting a conference.</i>			\$N/A
Reminder: Conferences that include food as part of the total estimated cost will not be approved.			

Additional Information							
Curriculum Based?	Yes		No	X	If yes, is there a course list?	Yes	No
If yes, describe the types of training materials							
Early Registration Deadline (enter N/A if none):			N/A				
Conference Website (enter N/A if none):			N/A				
Requestor Information							
Name	Penny Thompson						
Title	Deputy Center Director						
Office	Center for Medicaid and CHIP Services						
Signature							
OPDIV/STAFFDIV Senior Executive Officer or Senior Travel Official Approval							
Name / Title	Tim LONE / COO						
Signature							
Date	4/23/14						
OPDIV/STAFFDIV Approval							
(If Total Estimated Cost Exceeds \$75,000, the OPDIV/STAFFDIV Head Must Sign the Request)							
OPDIV/STAFFDIV Head Signature (or Designee if at or below \$75,000)							
Date							
Deputy Secretary Approval							
(Required if Total Estimated Cost Exceeds \$75,000)							
Concur	<input type="checkbox"/>	Non-Concur				<input type="checkbox"/>	
Signature							
Date							

Region	Location	Date	Venue	# of Participants
I/II	Boston, MA	TBD	Regional Office	30
III/IV	Baltimore, MD	TBD	Central Office	100
V	Minneapolis, MN	TBD	TBD	75
VI	Albuquerque, NM	TBD	TBD	125
VI/VII	Oklahoma City, OK	TBD	TBD	100
VIII	Denver, CO	TBD	TBD	75
VIII	Rapid City, SD	TBD	TBD	75
IX/VI/VIII	Window Rock, AZ	TBD	TBD	100
IX	Phoenix, AZ	TBD	TBD	125
IX	Sacramento, CA	TBD	IHS Office	75
X	Anchorage, AK	TBD	TBD	75
X	Portland, OR	TBD	TBD	75
	TOTALS			1030